



# THE ASPIRO PROGRAM

## BUILDING SUSTAINABLE OEDEMA MANAGEMENT IN AGED CARE

### EXECUTIVE SUMMARY

Chronic lower limb oedema affects a significant proportion of older adults in care, with prevalence rates between 27 and 52 percent in residential settings. Left undetected, it leads to higher rates of wounds, cellulitis, and functional decline. These outcomes increase care costs, workload, and clinical risk across the organisation.

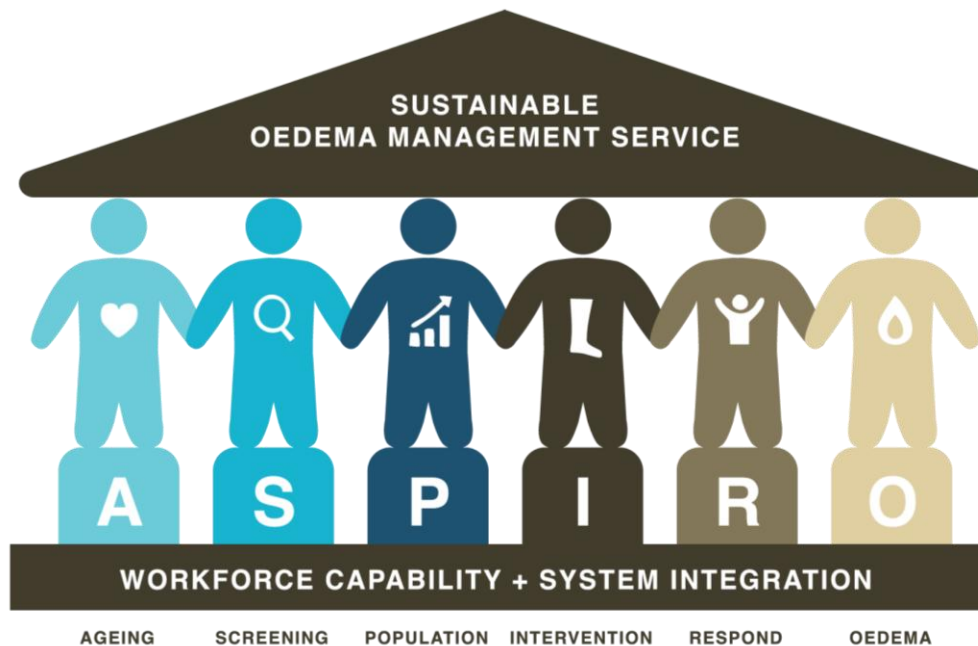
The **ASPIRO Framework** offers a strategic and scalable solution. It integrates with existing aged care practices to embed routine screening, standardise triage and intervention, and build workforce capability across all levels. This structured approach supports early identification, timely intervention, and consistent documentation, to help improve both clinical outcomes and operational efficiency.

Implementation delivers measurable benefits. Organisations adopting ASPIRO can expect reductions in cellulitis and wound incidence, improved staff confidence, and more efficient use of clinical resources. By capturing population data, the framework also strengthens planning, reporting, and compliance with quality and safety standards.

The partnership model provides end-to-end support, including workforce planning, integration guidance, and ongoing clinical education. Investment in ASPIRO represents a proactive approach to risk mitigation, cost containment, and quality improvement. It positions the organisation as a leader in evidence-based care for ageing populations, ensuring sustainability, resident wellbeing, and alignment with national care priorities.

# The ASPIRO Framework

## Supporting Oedema Care in Our Ageing Communities



### 1. THE ASPIRO FRAMEWORK

The ASPIRO framework integrates seamlessly with existing aged care practices, guiding organisations through each stage of oedema management:

- **Ageing** – Recognises chronic oedema as a key risk associated with ageing (Besharat et al., 2021; C Moffatt et al., 2019; O’Connor et al., 2025; Thomas et al., 2020).
- **Screening** – Embeds routine screening in current assessments to enable early detection and intervention (Burian et al., 2021; Burian et al., 2022; Webb et al., 2020).
- **Population** – Collects data across the resident population to inform workforce planning and resource allocation. It also has the potential opportunity to contribute ongoing research in this field.
- **Intervention** – Implements evidence-based, individualised care pathways according to oedema stage.
- **Respond** – Supports workforce capability development, integration into workflows, and establishment of referral pathways.
- **Oedema** – Focuses on improving resident outcomes and quality of life while reducing clinical complications (Burian et al., 2021; Burian et al., 2022; Webb et al., 2020).

## 2. PREVALENCE AND IMPACT

Chronic lower limb oedema affects a significant proportion of older adults:



2 IN 5 OLDER ADULTS ASSESSED HAVE CHRONIC LOWER LIMB OEDEMA

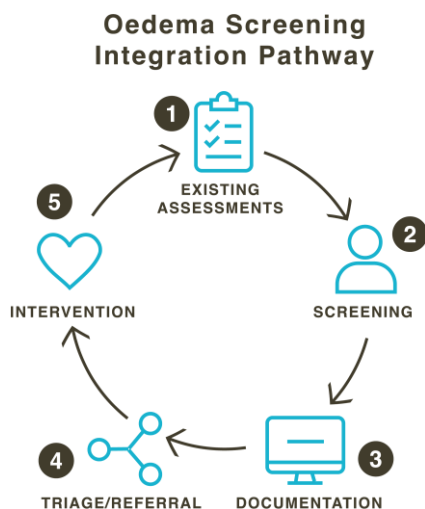
- **Community-living older adults:** 20–60% (Besharat et al., 2021; C Moffatt et al., 2019; O'Connor et al., 2025).
- **Residential aged care residents:** 27–52% (C Moffatt et al., 2019; Thomas et al., 2020).

Without early identification, chronic oedema can lead to:

- Increased risk of wounds (Burian et al., 2022).
- Higher incidence of cellulitis (Burian et al., 2021).
- Reduced mobility, pain, and loss of independence (Burian et al., 2022; C Moffatt et al., 2019).
- Increased care requirements and hospitalisations (Burian et al., 2021; Burian et al., 2022).

## 3. SCREENING FRAMEWORK

Embedding screening within existing assessments ensures **timely identification and intervention**, reducing complications and supporting workforce efficiency.



Key Considerations:

- **Integration:** Incorporate screening into quarterly indicator assessments, pressure injury checks, and allied health or nursing reviews.
- **Frequency:** Minimum quarterly, with additional opportunities during routine care.
- **Roles:** Define staff responsibilities for screening, documentation, and escalation.
- **Pathways:** Establish referral or triage procedures for residents with identified oedema.

#### Training Pathways:

- Non-health professionals: Online Oedema Screening Course – recognising and reporting early signs.
- Health professionals: Online Oedema Triage Screening Course – advanced triage and management guidance.

#### 4. TRIAGE AND INTERVENTION PROCESS

Management is guided by clinical stage (ISL, 2020):

##### Stage 1 – Spontaneously Reversible

- Soft, pitting oedema, often confined to foot/ankle.
- Reversible with early detection and intervention.

##### Stage 2 – Spontaneously Irreversible

- Persistent oedema with fibrotic tissue changes; may involve below-knee or above-knee regions.
- Risk of lymphorrhea, skin breakdown, and infection.

##### Stage 3 – Late Stage Lymphoedema

- Severe, irreversible swelling; skin thickening, folds, papillomatosis, recurrent infections.

#### Management Pathways:

- **No oedema:** Continue routine screening.
- **Stage 1 & 2 (below knee):** Early intervention by a health professional using the Early Intervention Below Knee Chronic Oedema Course.
- **Stage 2 (above knee) & Stage 3:** Referral to a Lymphoedema Practitioner or internal capability development via the Chronic Oedema Lower Limb Course (ALA-accredited).

All interventions are guided by individual clinical assessment, resident goals, and structured staff training, ensuring efficiency and improved outcomes.

## 5. INTEGRATION AND PLANNING QUESTIONS

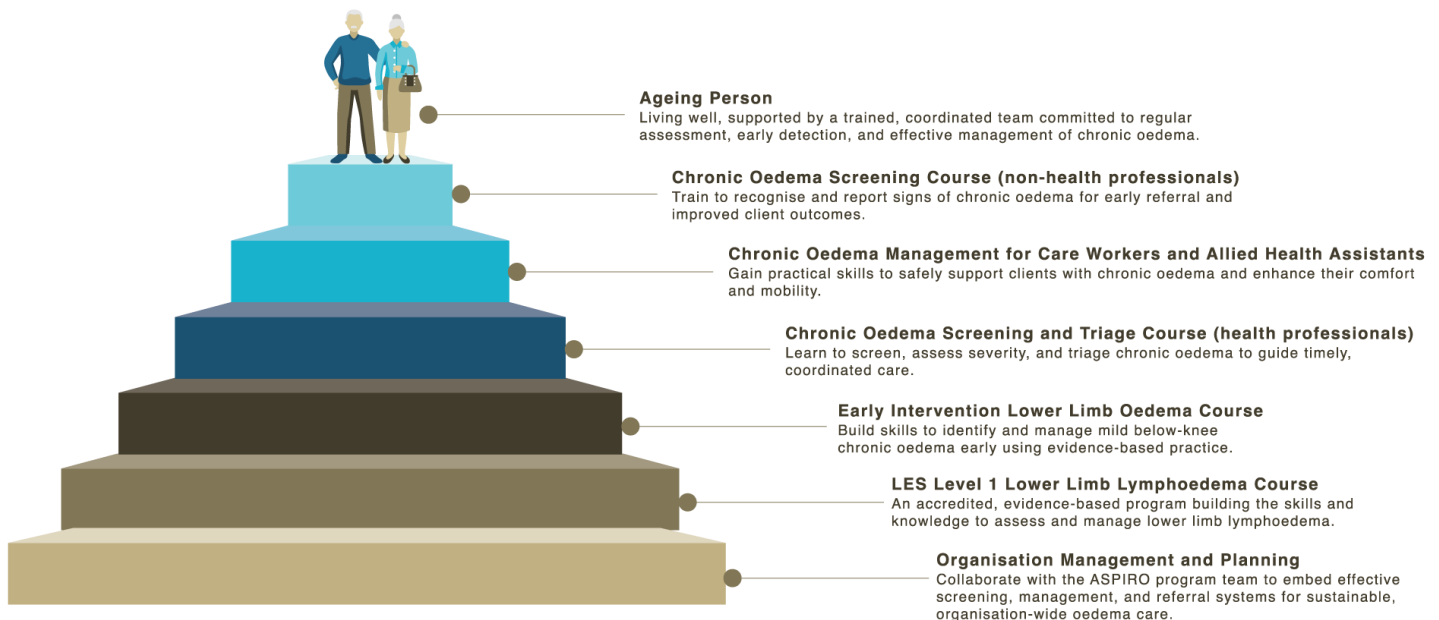
Key considerations for leadership:

- How many residents currently present with lower limb oedema?
- How will screening outcomes be documented and communicated across teams?
- What training pathways will be established for care and health staff?
- How will continuity of care be maintained for residents with identified oedema?

## 6. WORKFORCE DEVELOPMENT

A skilled workforce underpins sustainable oedema management. Recommended training includes:

- **Oedema Screening Course** (non-health professionals)
- **Care Worker Course** (non-health professionals)
- Oedema Triage Screening Course (health professionals)
- Early Intervention Below Knee Chronic Oedema Course (health professionals)
- **Chronic Oedema Lower Limb Course** (ALA-accredited, for advanced capability depending on organisational needs)



## 7. IMPLEMENTATION SUPPORT

Chronic Oedema Solutions provides:

- **Workforce planning:** Aligning roles, skills, and training with care requirements.
- **Program setup and integration:** Embedding screening, triage, and intervention within workflows.
- **Ongoing clinical and educational support:** Ensuring consistency, sustainability, and confidence in care delivery.

This partnership ensures organisations can deliver **safe, evidence-based, and sustainable oedema care**, improving outcomes for residents and staff.

## 8. EXPECTED OUTCOMES

- **Reduced cellulitis and wound incidence** (Burian et al., 2021; Burian et al., 2022; Webb et al., 2020)
- Increased staff confidence and capability through structured training
- Efficient workforce utilisation and planning
- Compliance with clinical governance and quality standards

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